REPORTS INVENTORY					CONTROL	DDS/OL/PD-14	
PREPARE IN DUP							
I. TITLE OF REI	PORT (if a fi	II-in report in	clude Form No.)		2. TYPE	XX STATISTICAL	
Contract	Organization and	+ ^0+1,41+4	ı		OF REPORT	NARRATIVE	
Commaci	- rocuremen	† Activity	· · · · · · · · · · · · · · · · · · ·	AINING		MACHINE-NAME LISTI	
3. FUNCTIONAL AREA XX		LOGISTICS		CURITY		ADMIN. GENERAL OTHER (specify)	
De FONGLIONKE	THE TAX	MEDICAL		NANGE	orner (specify)		
4. NO. OF COPIES PREPARED				6. DISTRIBUTION	 DISTRIBUTION (No. of components not number of copies) 		
Orig & I		Monthly C/			C/PD and or	/PD and originating office	
7. FORMAT (memorandum, form computer print-out, etc) Form No. 2936		8. ADP PROCESSING 9. DIREC				ITY REQUIRING REPORT	
		YES IF YES GIVE ADP PROCESSING NO.				• • • • • • • •	
		XX NO DL Procurement Note 14, 19 and 26					
	; information	iude lowest leve to report)		No., or nomencial	cure. Attach se	d identify by Title, parate sheet if necessar	
			12. COS	T FACTORS		······································	
		A. MAN		TON AND REVIE	W COSTS		
GRADE	HOURLY RATE	X HOURS PE	R COST PER	R X TIMES PREPARED	=	GOST PER YEAR	
GS - 5	3 . 57	i hr.	3,57	7 12	4	12.84	
GS-14	10.07	1/12	hr84	1 12	1	0.08	
		B. COS	TS OF COMPUT	ER PRODUCED R	EPORTS		
			TOTAL C	OSTS PER YEAR			
3. COMPLETE DET	AILED JUSTIF REPORT WAS F	ICATION FOR THIS FIRST STARTED AN	REPORT (in addi	ition to directive Established requi	or authority ci	52.92 ted in Item 9). IF KNO	
OAL PROPOSED BY	COMPONENT FO		ll. Future	GOALS		ESTIMATED SAVINGS	
	, , , , , , , , , , , , , , , , , , , 	OTHER (explai	n)		М	AN-HOURS DOLLARS	
XX RETAIN AS			•		""		
CHANGE					ļ	S	
		NAME AND TATE	OF OFOCON FURNIS	SHING INFORMATION		ST 18. EXTENS!	

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